

Grantee State

In which state is the grantee located? Rhode Island
(for multiple state selections hold CTRL+Key)

Grantee Information

Grantee Name RI State Program
Name of Organization or Department Administering Funds Office of Housing and Community Development,
Dept. of Admin
Organizational DUNS#: 113928944
Grant Number S09-DY-44-0001
Grant Amount \$3,282,670
Identify CoC(s) in which the grantee and/or subgrantee(s) will provide HPRP assistance. RI-500 - Rhode Island Statewide CoC
Identify the Field Office Boston

HPRP Contact Name

Prefix Miss
First Name Caitlin
Middle Name Beatrice
Last Name Frumerie
Suffix
Title HPRP Coordinator

HPRP Contact Address

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Street Address 2 3rd Floor
City Providence
State Rhode Island
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Extension

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Report Period and Status

Select the Reporting Period for this Performance Report 07/01/09 - 09/30/09

Indicate Report Type QPR

Indicate Performance Report Status Final

Persons and Households Served

Instructions:

In the first row ("Total Served"), enter the total unduplicated number of persons and households served with HPRP Homelessness Prevention Assistance and HPRP Homeless Assistance (Rapid Re-Housing) in the current quarter and for the grant to date. In the rows under "Total Served by Activity (#)," enter the number of persons and households served with each type of assistance.

Total Served

Homelessness Prevention
Homeless Assistance
TOTAL

Total Served	Pers ons		Hshl ds		Pers ons		Hshl ds		Pers ons		Hshl ds		
	Qua rter	Gra nt to Date	Qua rter	Gra nt to Date	Qua rter	Gra nt to Date	Qua rter	Gra nt to Date	Qua rter	Gra nt to Date	Qua rter	Gra nt to Date	
Total Served	0	0	0	0	0	0	0	0	0	0	0	0	

Total Served by Activity (#)

Homelessness Prevention
Homeless Assistance
TOTAL

Activities	Pers ons		Hshl ds		Pers ons		Hshl ds		Pers ons		Hshl ds		
	Qua rter	Gra nt to Date	Qua rter	Gra nt to Date	Qua rter	Gra nt to Date	Qua rter	Gra nt to Date	Qua rter	Gra nt to Date	Qua rter	Gra nt to Date	

Financial Assistance													
Rental assistance	0	0	0	0	0	0	0	0	0	0	0	0	
Security and utility deposits	0	0	0	0	0	0	0	0	0	0	0	0	
Utility payments	0	0	0	0	0	0	0	0	0	0	0	0	
Moving cost assistance	0	0	0	0	0	0	0	0	0	0	0	0	
Motel & hotel vouchers	0	0	0	0	0	0	0	0	0	0	0	0	
Total-Financial Assistance	0	0	0	0	0	0	0	0	0	0	0	0	

Housing Relocation & Stabilization Services												
Case management	0	0	0	0	0	0	0	0	0	0	0	0
Outreach and engagement	0	0	0	0	0	0	0	0	0	0	0	0
Housing search and placement	0	0	0	0	0	0	0	0	0	0	0	0
Legal services	0	0	0	0	0	0	0	0	0	0	0	0
Credit repair	0	0	0	0	0	0	0	0	0	0	0	0
Total-Housing Relocation & Stabilization Services	0	0	0	0	0	0	0	0	0	0	0	0

Institutional Destinations						
Psychiatric hospital or other psychiatric facility	0	0.00%	0.00%	0	0.00%	0.00%
Substance abuse treatment facility or detox center	0	0.00%	0.00%	0	0.00%	0.00%
Hospital (non-psychiatric)	0	0.00%	0.00%	0	0.00%	0.00%
Jail, prison or juvenile detention facility	0	0.00%	0.00%	0	0.00%	0.00%
Foster care home or foster care group home	0	0.00%	0.00%	0	0.00%	0.00%
Total Persons Leaving for Institutional Destinations	0	100.00%	0.00%	0	100.00%	0.00%
Miscellaneous						
Other Destinations	0	0.00%	0.00%	0	0.00%	0.00%
Deceased	0	0.00%	0.00%	0	0.00%	0.00%
Don't know / refused	0	0.00%	0.00%	0	0.00%	0.00%
Missing this information	0	0.00%	0.00%	0	0.00%	0.00%
Total for Miscellaneous	0	100.00%	0.00%	0	100.00%	0.00%
TOTAL PERSONS WHO LEFT THE PROGRAM	0		0.00%	0		0.00%

Housing Outcomes of Persons Served with Homeless Assistance

In the cells below, enter the number of persons who resided in each of the destinations provided after HPRP Homeless Assistance ended, in the current quarter and the total for the grant to date.

Housing Outcomes (All Leavers Only)

Enter the number of persons who resided in each of the destinations provided after HPRP Homeless Assistance ended, in the current quarter and the total for the grant to date.

Destination	Quarter			Grant to Date		
	Persons	%	% of Total	Persons	%	% of Total
Permanent Destinations						
Permanent supportive housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	0	0.00%	0.00%	0	0.00%	0.00%
Rental by client, no housing subsidy	0	0.00%	0.00%	0	0.00%	0.00%
Rental by client, VASH housing subsidy	0	0.00%	0.00%	0	0.00%	0.00%
Rental by client, other (non-VASH) housing subsidy	0	0.00%	0.00%	0	0.00%	0.00%
Owned by client, no housing subsidy	0	0.00%	0.00%	0	0.00%	0.00%
Owned by client, with housing subsidy	0	0.00%	0.00%	0	0.00%	0.00%
Staying or living with family, permanent tenure	0	0.00%	0.00%	0	0.00%	0.00%
Staying or living with friend, permanent tenure	0	0.00%	0.00%	0	0.00%	0.00%
Total Persons Leaving for Permanent Destinations	0	100.00%	0.00%	0	100.00%	0.00%
Temporary Destinations						
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	0.00%	0.00%	0	0.00%	0.00%
Transitional housing for homeless persons (including homeless youth)	0	0.00%	0.00%	0	0.00%	0.00%
Staying or living with family, temporary tenure	0	0.00%	0.00%	0	0.00%	0.00%
Staying or living with friend, temporary tenure	0	0.00%	0.00%	0	0.00%	0.00%
Hotel or motel paid for without emergency shelter voucher	0	0.00%	0.00%	0	0.00%	0.00%
Place not meant for human habitation	0	0.00%	0.00%	0	0.00%	0.00%
Safe Haven	0	0.00%	0.00%	0	0.00%	0.00%
Total Persons Leaving for Temporary Destinations	0	100.00%	0.00%	0	100.00%	0.00%
Institutional Destinations						
Psychiatric hospital or other psychiatric facility	0	0.00%	0.00%	0	0.00%	0.00%

Substance abuse treatment facility or detox center	0	0.00%	0.00%	0	0.00%	0.00%
Hospital (non-psychiatric)	0	0.00%	0.00%	0	0.00%	0.00%
Jail, prison or juvenile detention facility	0	0.00%	0.00%	0	0.00%	0.00%
Foster care home or foster care group home	0	0.00%	0.00%	0	0.00%	0.00%
Total Persons Leaving for Institutional Destinations	0	100.00%	0.00%	0	100.00%	0.00%
Miscellaneous						
Other Destinations	0	0.00%	0.00%	0	0.00%	0.00%
Deceased	0	0.00%	0.00%	0	0.00%	0.00%
Don't know / refused	0	0.00%	0.00%	0	0.00%	0.00%
Missing this information	0	0.00%	0.00%	0	0.00%	0.00%
Total for Miscellaneous	0	100.00%	0.00%	0	100.00%	0.00%
TOTAL PERSONS WHO LEFT THE PROGRAM	0		0.00%	0		0.00%

Expenditures by Activity

Instructions:

In the cells below, enter the amount of funds expended (costs incurred, not necessarily drawn down) for each activity type, in the current quarter and for the grant to date.

Expenditures (\$)

Financial Assistance
Housing Relocation & Stabilization Services
Data Collection & Evaluation
Administration
TOTAL

Activities	Quarter	Grant to Date	Quarter	Grant to Date	Quarter	Grant to Date
Financial Assistance	0	0	0	0	0	0
Housing Relocation & Stabilization Services	0	0	0	0	0	0
Data Collection & Evaluation					0	0
Administration					0	0
TOTAL					0	0

Grant Allocation

Did the grantee meet the 9/30 deadline to award or enter into legally binding agreements with subgrantees? Yes

Grantee and Subgrantee/Contractor Allocations

Activity	Amount of HPRP Funds Retained by Grantee	Amount of HPRP Funds Awarded To Subgrantee(s) / Contractor(s)	Total
Financial Assistance	\$0.00	\$887,261.00	\$887,261.00
Housing Relocation and Stabilization	\$0.00	\$2,093,578.00	\$2,093,578.00
Data Collection and Evaluation	\$0.00	\$137,698.00	\$137,698.00
Administration	\$136,747.00	\$27,659.00	\$164,406.00
Total	\$136,747.00	\$3,146,196.00	\$3,282,943.00

HPRP Grant Amount	\$3,282,670
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Subgrantee/Contractor List Attachment

Document Type	Required?	Document Description	Date Attached
Subgrantee Attachment	Yes	HPRP State of Rho...	10/08/2009

Attachment Details

Click on [HPRP Subgrantee List Template](#) on the left menu bar. Complete the spreadsheet, save it to your computer, and upload it to e-snaps using the [Browse](#) button. Excel and zip are the only file types allowed.

Document Description: HPRP State of Rhode Island Sub Grantees

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Homelessness Prevention - Other Risk Factors to be Used

For Homelessness Prevention activities, in addition to HPRP eligibility requirements, are there other risk factors that will be used to determine eligibility and/or prioritization for homelessness prevention assistance? Yes

If yes, identify the criteria to be used and provide a brief description, including how the criteria will be used (e.g. limited to only certain types of HPRP assistance or applied across all subgrantees and types of assistance) and rationale for why the criteria were chosen (limit 2500 characters).

The Rhode Island HPRP Partnership defines "individuals or families at risk of homelessness" as a person(s) in imminent danger of losing their current housing who has not been able to identify other subsequent housing options or resources in order to avoid homelessness.

A Standardized Intake Assessment tool will be used by Sub-Recipient organizations to determine client eligibility. Criteria from this tool is listed below:

- Will you become homeless within 2 weeks?
- Are you currently being evicted or forced to move from your home or apartment?
- Have you been without a place to live in the past 12 months?
- Have you lived in a shelter in the past 12 months?
- Have you moved 2 or more times in the past year?
- Is your household behind on your utility bills?
- Do you have consumer credit card debt in excess of \$5,000?
- Are you currently unemployed?
- Have you been unemployed within the last 12 months?
- Are you between the ages of 18 and 25?
- Is your household behind on your medical bills?
- Do you or someone in your care have medical and/or behavioral health problems?
- Have you or a household member been recently discharged from a health or mental health institution?
- Have you or a household member been recently discharged from a prison or correctional facility?
- Have you or a household member recently aged out of DCYF care?

The above criteria was chosen in consult with local providers and social service agencies.

HMIS Plan for Entering Data

Will beneficiary data be entered (or uploaded at least quarterly) into a single HMIS at the grantee level in order to generate unduplicated data for "Persons and Households Served" questions in the QPR? Yes

If yes, briefly describe the HMIS to be used and the plan to ensure data quality (completeness and accuracy)(limit 2000 characters).

All HPRP funded agencies will be required to record real time data based upon services and clients in the Rhode Island Statewide HMIS, administered for HPRP by the Rhode Island Coalition for the Homeless(RICH).

The State has funded a new Data Collection position, who will coordinate and ensure timely and accurate data entry by all HPRP agencies. As an agency, they understand both the policies and technologies of the HMIS as well as the each of the funded activities and expected outcomes.

Data quality will be assured through the following methods:

On a daily, monthly and annual basis the HMIS system administrator and Rhode Island Housing staff members sample user data records for data accuracy. On an on going basis the system administrator checks against duplicated records by using the following methods:

1. Runs and reviews canned reports provided in HMIS software.
2. Runs and reviews custom reports provided in HMIS software.
3. Creates and runs custom reports provided by the Advance Reporting Tool (ART) software
4. Creates and runs scripts in order to more accurately detail missing or incorrect data.

Reports submitted will be compared to data shown in the HMIS to assure consistency.

On an ongoing basis the HMIS system administrator/trainer reviews Entry/Exit data added to the system by using methods 1-4 listed above. Should issue arise the System Administrator personally contacts the user entering the invalid dates. Additional one-on-one training is conducted on-site should the user need assistance. The system administrator reports to the HMIS steering committee on entry and exit data quality issues for advisement.

If no, briefly describe the HMIS(s) and/or other comparable client-level database(s) that will be used by one or more subgrantees and the plan to ensure data quality (completeness and accuracy)(limit 2000 characters).

Authorizing Information and Certification

The Name of the Authorized Grantee Official should be the same as submitted in the HPRP Substantial Amendment, unless there has been a change.

Name of Authorized Grantee Official Noreen Shawcross

Title/Position Chief

I hereby certify that all the information stated herein is true and accurate. I understand that HUD will prosecute false claims and statements and that conviction may result in criminal and/or civil penalties (pursuant to 18 USC 1001, 1010, 1012; 31 USC 3729, 3802).

Check for Certification ☒

Summary

Part	Last Updated
Grantee State	No Input Required
Grantee Information	10/09/2009
Report Period and Status	10/09/2009
Persons and Households Served	10/09/2009
Housing Outcomes Homelessness Prevention	10/09/2009
Housing Outcomes Homeless Assistance	10/09/2009
Expenditures by Activity	10/09/2009
Grant Allocation	10/09/2009
Subgrantee/Contractor List Attachment	10/09/2009
Projected Persons and Households to be Served	10/09/2009
Homelessness Prevention Risk Factors	10/09/2009
HMIS Plan for Entering Data	10/09/2009
Authorizing Information and Certification	10/09/2009